

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Jm		9/5/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EW	64934	11 2 00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		2-12-01	
2		7-13-01	
3		4-3-02	
4		8-29-02	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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